# PRIVATE DUTY NURSING ACUITY GRID

(To be completed by the person completing the patient care)

Recipient_____ MID#_____

| ASSESSMENT NEEDS | POINTS | SCORE |
| --- | --- | --- |
| **(choose one)** | | |
| Minimal ongoing assessments (less often than Q 6 hrs; at least daily) ☐ | 2.00 | |
| Moderate ongoing assessments (hands-on Q 4-6 hrs) ☐ | 3.00 | |
| | | |
| **(choose one if at least 2 of the 4 assessments are ordered and documented)** | | |
| VS/GLU/NEURO/Resp (Assess less often than Q 4, at least daily) ☐ | 1.00 | |
| VS/GLU/NEURO/Resp (Assess Q 4 hr or more often) ☐ | 2.00 | |
| VS/GLU/NEURO/Resp (Assess Q 2 hr or more often) ☐ | 3.00 | |
| **TOTAL** | | |

| MEDICATION/IV DELIVERY NEEDS | POINTS | SCORE |
| --- | --- | --- |
| **(choose one if applicable - does not include nebulizer meds)** | | |
| **Oral or G Tube, NG, NJ:_____** | | |
| Medication delivery 1 to 3 doses per day ☐ | 1.00 | |
| Medication delivery 4 to 6 doses per day ☐ | 2.00 | |
| Medication delivery 7 doses per day or more ☐ | 4.00 | |
| | | |
| **(choose one)** | | |
| No IV access ☐ | 0.00 | |
| Peripheral IV access ☐ | 1.00 | |
| Central Line of port, PICC Line, Hickman ☐ | 2.50 | |
| | | |
| **(choose one)** | | |
| No IV medication delivery ☐ | 0.00 | |
| Transfusion or IV Tx less than daily but at least weekly ☐ | 2.50 | |
| V Tx less often than Q 4 hrs (does not include hep flush) ☐ | 4.50 | |
| V Tx Q 4 or more often ☐ | 6.00 | |
| | | |
| **(choose any that apply)** | | |
| Reg blood draws/IV Peripheral Site (#_____) ☐ | 4.5* | |
| Reg blood draws/IV Central Line (#_____) ☐ | 6.0* | |
| TPN ☐ | 6.00 | |
| **TOTAL** | | |

| FEEDING NEEDS | POINTS | SCORE |
|---|---|---|
| **(choose any that apply)** | | |
| Routine oral feeding ☐ | 0.00 | |
| Difficult, prolonged oral feeding ☐ | 2.00 | |
| Occasional reflux and/or aspiration precautions ☐ | 0.50 | |
| G-Tube, J-Tube, or Mic-key button ☐ | 0.50 | |
| | | |
| **(choose one)** | | |
| No tube feeding ☐ | 0.00 | |
| Tube feeding (routine bolus or continuous) ☐ | 2.00 | |
| Tube feeding (combination bolus and continuous) ☐ | 2.50 | |
| Complicated tube feeding, residual checks, aspiration precautions, (slow feed or other problems) ☐ | 3.00 | |
| **TOTAL** | | |

| RESPIRATORY NEEDS | POINTS | SCORE |
|---|---|---|
| **(choose one)** | | |
| No trach, patent airway ☐ | 0.00 | |
| No trach, unstable airway (desats common, airway clearance issues) ☐ | 1.00 | |
| Trach (routine care) ☐ | 1.00 | |
| Trach (special care - wounds, breakdown, frequent pull-out, replacement) ☐ | 2.50 | |
| | | |
| **(choose one)** | | |
| No suctioning ☐ | 0.00 | |
| Infrequent suctioning (less than Q 8 but at least daily) ☐ | 0.50 | |
| Suctioning Q 3 to Q 8 hrs (#_____) ☐ | 1.50 | |
| Suctioning Q 2 hrs or more frequently (#_____) ☐ | 2.50 | |
| | | |
| **(choose one)** | | |
| Oxygen - daily use ☐ | 1.00 | |
| Oxygen PRN based on pulse oximetry, oxygen needed at least weekly ☐ | 0.50 | |
| Humidification (direct) ☐ | 0.50 | |
| | | |
| **(choose one)** | | |
| No ventilator ☐ | 0.00 | |
| Ventilator; rehab transition/active weaning ☐ | 9.00 | |
| Ventilator; weaning achieved ☐ | 6.00 | |
| Ventilator; non-invasively at night ☐ | 8.00 | |
| Ventilator; less than 12 hrs per day ☐ | 10.00 | |
| Ventilator; $\geq$ 12 hrs per day but not continuous ☐ | 12.00 | |
| Ventilator; no respiratory effort or 24 hr/day in assist mode ☐ | 14.00 | |
| | | |
| **(choose one)** | | |
| No BiPAP or CPAP ☐ | 0.00 | |
| BiPAP or CPAP up to 8 hrs per day ☐ | 4.00 | |

| | |
|---|---|
| BiPAP or CPAP greater than 8 hrs per day ☐ | 6.00 |
| BiPAP ST (with rate) used to ventilate at night ☐ | 7.00 |
| BiPAP ST (with rate) with trach ☐ | 8.00 |
| **(choose one)** | |
| No Nebulizer treatments ☐ | 0.00 |
| Nebulizer treatments less than daily but at least QW: #_____ ☐ | 1.00 |
| Nebulizer treatment Q 4 or less frequently: #_____ ☐ | 1.50 |
| Nebulizer treatment Q 3 hrs: #_____ ☐ | 2.00 |
| Nebulizer treatment Q 2 hrs or more frequently: #_____ ☐ | 3.0* |
| **(choose one)** | |
| No Chest PT, ABI vest ☐ | 0.00 |
| Chest PT, ABI vest or Cough Assist/less than daily, at least QW: #_____ ☐ | 0.50 |
| Chest PT, ABI vest or Cough Assist/Q 4 or less frequently: #_____ ☐ | 1.50 |
| Chest PT, ABI vest or Cough Assist/Q 3 hrs: #_____ ☐ | 2.00 |
| Chest PT, ABI vest or Cough Assist/Q 2 hrs or more: #_____ ☐ | 3.0* |
| **TOTAL** | |

| **ELIMINATION NEEDS** | **POINTS** | **SCORE** |
|---|---|---|
| **(choose those that best describe)** | | |
| Uncontrolled incontinence < 3 yrs of age ☐ | 0.00 | |
| Continence of bowel and bladder ☐ | 0.00 | |
| Uncontrolled incontinence, either bowel or bladder, ≥ 3 yrs of age ☐ | 1.00 | |
| Uncontrolled incontinence, both bowel and bladder, ≥ 3 yrs of age ☐ | 2.00 | |
| Intermittent straight catheter ☐ | 3.50 | |
| Uncontrolled incontinence (frequent linen change), ≥ 3 yrs of age ☐ | 6.00 | |
| Ostomy care - at least daily ☐ | 3.00 | |
| **TOTAL** | | |

| **SEIZURES** | **POINTS** | **SCORE** |
|---|---|---|
| **(choose one)** | | |
| No seizure activity ☐ | 0.00 | |
| Mild seizures - at least daily, no intervention ☐ | 0.00 | |
| Mod seizures (req min intervention - at least daily) ☐ | 2.00 | |
| Mod seizures (req min intervention - 2 to 4 times per day) ☐ | 4.00 | |
| Mod seizures (req min intervention - ≥ 5 times per day) ☐ | 4.50 | |
| Severe seizures (req IM/IV/Rectal med administration - at least daily) ☐ | 5.00 | |
| Severe seizures (req IM/IV/Rectal med administration - 2 to 4 times per day) ☐ | 5.50 | |
| Severe seizures (req IM/IV/Rectal med administration - ≥ 5 times per day) ☐ | 6.00 | |
| **TOTAL** | | |

| **THERAPIES/ORTHOTICS/CASTING** | **POINTS** | **SCORE** |
|---|---|---|
| **(choose any that apply)** | | |
| Fractured or casted limb ☐ | 2.00 | |
| Splinting schedule (off/on at least BID) ☐ | 2.00 | |
| Basic ROM (at least Q shift) ☐ | 2.00 | |
| Body cast ☐ | 2.00 | |
| **TOTAL** | | |

| WOUND CARE | POINTS | SCORE |
|---|---|---|
| **Wound Vac** ☐ | 2.00 | |
| **(choose one)** | | |
| Stage 1-2, wound care at least daily, dressing change other than trach, PEG, or IV site ☐ | 2.00 | |
| Stage 3-4, multiple wound sites ☐ | 3.00 | |
| **TOTAL** | | |

| PERSONAL CARE | POINTS | SCORE |
|---|---|---|
| **(choose if applicable)** | | |
| Requires personal care/hygiene (≥ 4 yrs of age) ☐ | 2.00 | |
| **TOTAL** | | |

| BEHAVIOR THAT INTERFERES WITH CARE | POINTS | SCORE |
|---|---|---|
| No ☐ | 0.00 | |
| Yes ☐ | 1.00 | |
| **TOTAL** | | |

| OTHER ISSUES | POINTS | SCORE |
|---|---|---|
| Requires isolation ☐ | 3.00 | |
| **TOTAL** | | |

* Additional points may be provided based on documentation. NOTE: A maximum of ten points will be considered for blood draws.

| **TOTAL FOR ALL CATEGORIES ON NURSING ACUITY GRID:** | _____ | _____ |
|---|---|---|

* give points for each treatment
** give points for each blood draw up to a max of 10 pts

Care Manager completing:_____ Date:_____